

July 2008

HTA's goal is to achieve *better health care outcomes* for enrollees and beneficiaries of state programs by paying for proven health *technologies that work*.

### **HTA Background:**

HTA is leading the state effort to use evidence-based medicine to make health policy and coverage decisions that result in safer health care. The program acts as a resource to five participating agencies by sorting through a flood of information about selected medical technologies and producing reports that analyze the information and assess the quality of evidence. The program also provides transparency and consistency to industry stakeholders through publishing of criteria, inviting comments, holding open public meetings, and contracting for independent reports. Finally, coverage decisions are made by the Health Technology Clinical Committee (HTCC), an independent committee of health practitioners who review evidence on these medical devices, procedures, and test to ensure they are safe, work as promoted and provide value.

### **Program Activity:**

- HTA will convene an October “make up” meeting due to the May 9, 2008 public hearing cancellation. We intend to discuss Artificial Discs at this public meeting.
- Communications: we are currently in the process of updating our program website (<http://www.hta.hca.wa.gov/>). The first phase has been completed. The second phase of these changes should be completed by the end of August 2008.
- Evaluation: The program is also finalizing a report on its first year of operation and gathering feedback from various groups (clinical committee; stakeholders; agency's; legislators/staff).
- Technologies:
  - Cardiac Stents final key questions and teleconference summary are currently published on our website at: <http://www.hta.hca.wa.gov/stent.html>.
  - Computed Tomographic Angiography (CTA for cardiac care) draft key questions are published on our website at: <http://www.hta.hca.wa.gov/cta.html>. Public comments will be accepted until **COB Monday, July 7<sup>th</sup>, 2008**.

### **Current: Public meeting to address Implantable Infusion Pumps and Arthroscopic Surgery of the Knee:**

The next public clinical committee meeting will be held on Friday, August 15, 2008 at the Marriott Hotel in Seattle, WA to review Implantable Infusion Pumps and Arthroscopic Surgery of the Knee. The clinical committee will use evidence to determine whether the technology is safe and effective, and if state agencies should pay for it. The draft key questions for both technologies are published at: <http://www.hta.hca.wa.gov/assessments.html>.

### **Underway: Tentative Topics for 2008 Public meeting Schedule:**

Topics currently underway are listed below with the tentative public hearing schedule.

<http://www.hta.hca.wa.gov/schedule.html>

- **Artificial Discs** (HTCC public meeting: 10/17/2008);
- **Computed Tomographic Angiography** (HTCC public meeting: 11/14/2008); and
- **Cardiac Stent** (HTCC public meeting: 11/14/2008)

**PAST: Health technology coverage decisions issued:**

1. In May 2007, the HTCC committee reviewed Upright MRI. The HTCC found there was insufficient scientific evidence to make any conclusions about effectiveness, while the committee found no evidence to question the safety of the upright MRIs. They were unable to determine that uMRIs could accurately identify an appropriate diagnosis; safely and effectively replace other tests; or result in equivalent or better diagnostic or therapeutic outcomes than provided by current technologies. As a result of the HTCC's findings, HCA, L&I, and DSHS will not cover this technology under their programs. DOC and DVA will voluntarily use the decision to guide their provision of care. The following link takes you to our program publications page where you will find the independent evidence report and the full findings and decision of the committee:  
<http://www.hta.hca.wa.gov/publications/index.shtml>.
2. In August 2007, the HTCC decided that state health care programs will not pay for pediatric bariatric surgery for patients under age 18 because of safety concerns and lack of evidence of effectiveness. For patients between the ages of 18 and 20 years of age, programs will pay for a certain type of bariatric surgery called laparoscopic adjustable gastric banding (LAGB) if the patient meets certain eligibility criteria. The following link takes you to our program publications page where you will find the independent evidence report and the full findings and decision of the committee:  
<http://www.hta.hca.wa.gov/publications/index.shtml>.
3. In November 2007, the HTCC decided that state agencies will cover lumbar fusion (back surgery) to treat uncomplicated chronic back pain, as a last resort, after patients try and fail a structured, intensive program first. Currently, the agencies either have no such prior requirements or have different approval requirements for lumbar fusion. The following link takes you to our program publications page where you will find the independent evidence report and the full findings and decision of the committee:  
<http://www.hta.hca.wa.gov/publications/index.shtml>.
4. In February 2008, the HTCC decided that state agencies will not cover Computed Tomographic Colonography (CTC) for routine colorectal cancer screening. This decision does not apply to use of CTC for other diagnostic purposes. The following link takes you to our program publications page where you will find the independent evidence report and the full findings and decision of the committee:  
<http://www.hta.hca.wa.gov/publications/index.shtml>.
5. In February 2008, the HTCC decided that state agencies will not cover Discography for patients with chronic low back pain and lumbar degenerative disc disease. This decision does not apply to patients with the following conditions: radiculopathy; functional neurologic deficits (motor weakness or EMG findings of radiculopathy); spondylolisthesis (>Grade 1); isthmic spondylolysis; primary neurogenic claudication associated with stenosis; fracture, tumor, infection, inflammatory disease; and degenerative disease associated with significant deformity. The following link takes you to our program publications page where you will find the independent evidence report and the full findings and decision of the committee:  
<http://www.hta.hca.wa.gov/publications/index.shtml>.

**Technology Assessment Process**

The Technology Assessment Center (TAC) reviews submitted materials and conducts a systematic search for the best current evidence. The report summarizes the results and documents the state of the evidence. Following the review, the Health Technology Clinical Committee (HTCC), made up of 11 independent health professionals, reviews evidence regarding safety,

efficacy, and cost effectiveness of various medical procedures and equipment. Based on a scientific report, the HTCC determines if the state will pay for those procedures in a variety of state-sponsored health care programs administered by the HCA, L&I, and DSHS. The initial review and decision process takes between six to twelve month, and technologies will be considered for re-review at least every eighteen months.

**Program Impact and Public Involvement**

The direct impact is to the mandated agencies' reimbursement and benefit plan: HCA, L&I, and DSHS. There is an indirect impact on participating agencies (DOC and DVA) and potentially for private plan reimbursement if they adopt similar coverage policies.

**Ways to Be Involved**

- Provide evidence for our Technology Assessment Center's review
- Review draft materials based on subject matter expertise
- Submit an interested party petition requesting us to review a technology
- Attend the clinical committee meetings
- Practicing health care providers can serve on the clinical committee